

FEC FORM 9**24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Person Making the Disbursements/Obligations**

(a) Name

Club for Growth(b) Address (number and street) ☐ check if different than previously reported
2001 L ST NE STE 600

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

n/a

(e) Occupation

n/a

2. FEC Identification Number**C** C30002372**3. Is This Statement****New**

or

**Amended****4. Covering Period**M M M / D D D / Y Y Y Y Y Y
03 / 17 / 2016

through

M M M / D D D / Y Y Y Y Y Y
03 / 18 / 2016**5. (a) Date of Public Distribution(s)**M M M / D D D / Y Y Y Y Y Y
03 / 17 / 2016**(b) Communication Title** Some People**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account?**Yes ☐No ☐**8. Custodian of Records**

(a) Name

Adam Rozansky

(b) Address (number and street)

2001 L St., NW, Ste. 600

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

Club for Growth

(e) Occupation

CFO/Treasurer

9. Total Donations This Statement

, , , .00

10. Total Disbursements/Obligations This Statement

, , , 276550.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Adam Rozansky

SIGNATURE

Adam Rozansky[Electronically Filed]

DATE

03/18/2016

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.